•	<u></u>		PF9	I AV	<u> AILA</u>	RLF C	O	₽y .∙			·	•	
Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECO								1	0222124909				
Effective October 1, 2000								ŀ	-20	09	1922	209	
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN	
(Column 1) (Column 2)								TYPE [OR	SMALL		
TOTAL CLAIMS			60				1	RATE	FEE.		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			6 g minus 20=		. 110			X\$ 9=	OSE	OR	X\$18=		
INDEPENDENT CLAIMS			= E eunim £ /		· q			X40=	360	OR	·X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT							OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	107	OR	TOTAL		
CI AIMS AS AMENDED - PART II OTHER THAN												THAN	
7 (S O (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL											SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 60	Minus	**		/ (X\$ 9=		OR	X\$18=		
	Independent	. 12	Minus	***	T OL A 114	-	Π	X40=	·	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•	+135=		OR	+270=		
								TOTAL	2	OR	TOTAL		
3 8 0 (Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS		HIGH NUM PREVI PAID	(EST IBER OUSLY		1		ADDI-		r	ADDI-	
		REMAINING AFTER AMENDMENT				PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 60	Minus	•6	0	=	П	X\$ 9=		OR	X\$18=		
	Independent	· /Z	Minus	/		-		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	TEST IBER OUSLY FOR	PRESENT EXTRA		RATÈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=]	X\$ 9=		OR	X\$18=	ï	
	Independent	•	Minus	***		=]	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.													
**	if the "Highest Nu if the "Highest Nu	mber Previously P	eid For IN THI ald For IN THI	S SPACE S SPACE	is less the	n 20, enter "20 in 3, enter "3."		TOTAL ADDIT. FEE		OR	ADDIT. FEE		
	The Highest Nun	nber Previously Pa	id For (Total o	r Independ	ient) is the	highest numb	er fou	and in the ap	propriate bo	x in co	alumn 1.		

FORM PTO-875 (Rev. 8/00)